

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 1-26-04.

The IRO reviewed electrodes on 1-29-03, 2-24-03, and 3-29-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 10-19-04, the requestor submitted a withdrawal on the additional issues.

The above Decision is hereby issued this 22nd day of October 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 14, 2004

AMENDED DECISION

RE:

MDR Tracking #: M5-04-2601-01

IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Nothing submitted.

Submitted by Respondent:

- Letter dated 6/1/04 from _____ stating that the only items under dispute are the charges for the electrodes on 3 dates of service. Apparently the neuromuscular stimulator unit itself was denied through the pre-authorization process.
- Several explanation of benefits pages
- Table of disputed dates of service
- Designated doctor examination report of 10/15/03 from _____ (claimant not at MMI)
- Designated doctor examination report from _____ dated 1/22/03 (claimant not at MMI)
- Designated doctor examination report of 9/25/02 from _____ (claimant not at MMI)
- Multiple FCEs/Physical capacity evaluations and range of motion studies dated 7/25/02, 8/22/02, 10/11/02 and 2/11/03
- Current perception threshold testing of 11/19/02
- FCE reports of 10/11/03 and 11/17/03. The claimant was noted to be functioning at the sedentary/light level on 10/11/03 and the medium duty level on 11/17/03.
- Several follow ups from _____ dated 6/25/03 and 7/29/02 as well as 5/1/03
- Operative report of 12/13/02 revealing the claimant to have undergone anterior cervical microdiscectomy at the C5/6 level.
- Several more follow ups from _____ dated 7/29/02, 9/17/02, 10/9/02, 11/15/02, 1/27/03 and 12/11/02
- Note from _____ of 2/5/03 indicating the claimant has undergone s trigger point injections
- Note from _____ of 3/24/03. There was some concern from _____ that the claimant was developing pseudoarthrosis.
- MRI report of the cervical spine of 7/8/02 revealing the claimant to only have degenerative disc disease.
- Electrodiagnostic study of 7/12/02 indicating the claimant only had evidence of bilateral carpal tunnel syndrome.
- Voluminous chiropractic daily notes running from 6/11/02 through 5/27/04

Clinical History

It appears the claimant suffered alleged occupational injury while working at a computer. She noticed progressive neck pain which seemed to worsen on 5/31/02 while she was having to look to her right and left at several computer screens. The claimant has seen several designated doctor evaluators and not been certified to be at MMI. The list of doctors she has seen is listed above. The claimant has undergone epidural steroid injections as well as trigger point injections. She has undergone multiple diagnostic work ups and ended up surgery to include a C5/6 anterior cervical discectomy on 12/13/02. The claimant has received extensive chiropractic care and post rehabilitation therapy before and after the surgery.

Requested Service(s)

Please advise if the services listed on 1/29/03, 2/24/03 and 3/29/03 in the form of disbursement of electrodes was medically necessary. It should be noted that there are mixed issues in this dispute and I have been only asked to address the medical necessity issues of the electrodes. It should be noted that an FCE or similar examination was performed on 2/11/03 and this is part of the disputed dates of service; however, it appears that I have been asked not to address this issue.

Decision

I agree with the insurance carrier and find that the services dispensing of electrodes on 1/29/03, 2/24/03 and 3/29/03 as billed were not medically necessary.

Rationale/Basis for Decision

It was clear from the documentation that the neuromuscular stimulator unit itself was non-authorized through the pre-authorization process or the treating physician did not obtain authorization for the use of the unit. I carefully reviewed the chiropractic daily notes as well as several follow ups from _____ and I did not see one mention of the neuromuscular stimulator unit other than on the one day, which appeared to be 10/15/02, that it was prescribed. Again the unit was prescribed on 10/15/02 and there was no subsequent mention of the effectiveness of the unit either subjectively or objectively. There was literally not one mention by the claimant, at least in the documentation, or by the treating physician regarding the effectiveness or how the claimant was using the unit and if it benefitted her in any way. The documentation is lacking to support the medical necessity of the unit and of course if that is the case, then the medical necessity of the electrodes is also not medically necessary. The documentation standards have not been met in that there has been no rationale in support of use of the unit.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 15th day of June 2004.